FLORIDA HEART & VASCULAR CARE At JFK Medical Center

PATIENT NAME:_____ DOB:_____

14-POINT REVIEW OF SYSTEMS

PLEASE CIRCLE CURRENT SYMPTOMS/DEVICES

CONSTITUTIONAL: ☐FEVER ☐NIGHT SWEATS ☐CHILLS ☐FATIGUE ☐WEIGHT GAIN/LOSS ☐CHANGES IN APPETITE

EYES: ☐CHANGE IN VISION ☐LOSS OF VISION ☐BLURRED VISION ☐DOUBLE VISION ☐GLASSES

EARS: ☐DIFFICULTY HEARING ☐HEARING LOSS ☐HEARING AIDES

NOSE: ☐NASAL CONGESTION ☐NASAL DISCHARGE

MOUTH/THROAT/VOICE: ☐DENTURES ☐LIP SORES ☐MOUTH SORES ☐TONGUE SORES ☐SORE THROAT

HEAD/NECK: ☐NECK PAIN ☐NECK STIFFNESS

SKIN: ☐RASH ☐LESIONS ☐NAILS ☐BRUISING ☐ITCHING

RESPIRATORY: ☐COUGH ☐WHEEZING ☐SHORTNESS OF BREATH WHEN LYING DOWN ☐DIFFICULTY BREATHING ☐WAKING UP FROM SLEEP GASPING FOR AIR

CARDIOVASCULAR: ☐CHEST PAIN ☐PALPITATIONS ☐PASSING OUT ☐LOWER EXTREMITY EDEMA

GASTROINTESTINAL/GENITOURINARY: ☐ABDOMINAL PAIN ☐NAUSEA ☐CONSTIPATION ☐DIARRHEA ☐VOMITING ☐PAINFUL URINATION

MUSCULOSKELETAL: ☐MUSCLE PAIN ☐BACK PAIN ☐MUSCLE CRAMPS ☐JOINT PAIN

NEUROLOCICAL: ☐HEADACHES ☐LIGHT HEADACHES ☐DIZZINESS ☐WEAKNESS ON ONE SIDE

PSYCHIATRIC: ☐SLEEP DISTURBANCES ☐ANXIETY ☐DEPRESSION ☐THOUGHTS OF SUICIDE